## VSA arts of Iowa Individual Grant Application Grant Requests are due by the following dates: September 1 VSA arts of Iowa VSA arts of Iowa VSA arts of Iowa VSA arts of Iowa

December 1 March 1 June 1		400 E 14 <sup>th</sup> Street Grimes State Office Building Des Moines, IA 50319 Phone: 281-3179			
Section 1: Applicant Name: Phone: Address:					
County:			vity:		
Section 3(a): But	udget Summ		In-Kind Requested	Description	
		ds Requested from		Estimated In-Kind	
\$	VSA arts		\$	Donations From Others	
		<b>ds Requested from</b> t in section 3(b) below		List in Section 3(b) below.	
\$	Total Cas	h Budget	\$	Total In-Kind Donations from others	
Section 3(b): Bu	udget Detail				
Dollar Value	Organization or Individuals Name		Description of Money or Services Donated		
\$					
\$					
\$					
\$					
\$					
\$					

**Section 4: Project Description** 

Section 4. I Toject De	seription —
A. Grant Title	
B. Grant Location	Include: Street Address, City, State, Zip
C. Counties Served	
D. Date(s); Time(s)	
E. Proposed Number of People to See Your Work	
F. Goals	What you hope to achieve through your project, for yourself and others.
G. Purpose	Related to increasing the knowledge of your form of disability.

**Section 5: Publicity** (how will your grant achieve name recognition for VSA arts of Iowa? Examples include local newspaper, local radio, community calendar, bulletin boards, church bulletin, personal interviews etc.)

Publicity Source (Title)	Details of Publicity (Dates, type of media, etc.)

**Section 6: Expense Budget** 

Cash from VSAI		Cash subtotal	In-Kind	Subtotals
Grant	sources	Cush subtotal	Donation	Subtotals
				Total
	Cash from VSAI	Cash from VSAI Cash from other	Cash from VSAI Cash from other Cash subtotal	Cash from VSAI Cash from other Cash subtotal In-Kind

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Date Funded:	1 <sup>st</sup> Payment Date:	Check Number:	Amount:
Amount Funded:	2 <sup>nd</sup> Payment Date:	Check Number:	Amount:
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